MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/693579 FILING DATE 10/27/80

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
(1)	1							51						
2		1						52						
3		1						53						
(4)	1							54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
(11)	1							61						
12		1						62						
13		1						63						
14		1						64						
15		4						65						
16		4						66						
17		4						67						
(18)	1							68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		3						74						
25		3						75						
26		3						76						
27								77						
28								78						
29								79						
30								80						
31								81						
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33								83						
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35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	37							TOTAL DEP.						
TOTAL CLAIMS	41							TOTAL CLAIMS						

(left margin handwritten: 12, 9, 16, 28.)

PTO-1360 (5-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS